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APPLICANTS

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**** CONTINUING DATA *******

MM This appln claims benefit of 60/179,991 02/03/2000

**** FOREIGN APPLICATIONS *******

NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
 10/10/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>MM</i> Examiner's Signature _____ Initials _____				

ADDRESS

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TITLE

Immunostimulatory nucleic acids for the treatment of asthma and allergy

FILING FEE RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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